2015-2016 Special Circumstances Appeal Form

Dependency Override

Do not complete this form unless you have already applied for financial aid using the 2015-2016 Free Application for Federal Student Aid (FAFSA).

If you have not filed the FAFSA, please complete the on-line form as soon as possible at: www.FAFSA.ed.gov

Students not meeting federal criteria for independent status may request a professional judgment adjustment to override the federal criteria. Dependency overrides will only be considered on a case-by-case basis due to “unusual circumstances.” This may include inability to locate parents, an abusive family environment or abandonment by parents.

Documentation **must** be provided by an impartial third-part source. Examples include:

- School guidance counselor;
- Teacher;
- Medical professional;
- Member of the clergy; or
- Social service representative

Students must document proof of income and current living arrangements. Other documentation may be accepted based on the situation.

The phrase “unusual circumstances” means: unusual circumstances that make it inappropriate to expect a parental contribution for the student. The Department of Education has identified four conditions that, individually or in combination with one another, **do not qualify** as “unusual circumstances.”

Circumstances that **do not merit a dependency override** include:

1. Parents refusing to contribute to the student’s education;
2. Parents unwillingness to provide information on the FAFSA or for verification;
3. Parents not claiming the student as a dependent for income-tax purposes;

**NOTE:** Dependency override approvals do not carry over from one year to the next. Please complete this form for each year you file a FAFSA.
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Dependency Override

APPEALS WILL ONLY BE PROCESSED WITH THE COMPLETE AND APPROPRIATE DOCUMENTATION ATTACHED.

<table>
<thead>
<tr>
<th>Student’s Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>E-mail address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE READ CAREFULLY – Check the category that applies to your situation.

☐ A. Death of a custodial parent and you have no contact with the noncustodial parent.
   Documentation Required:
   a. Written statement in your own words explaining your situation.
   b. Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
   c. Explanation of living arrangements.
   d. Complete the attached Income and Expense Form.

☐ B. The location of your parent(s) is unknown.
   Documentation Required:
   a. Written statement in your own words explaining your situation.
   b. Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
   c. Explanation of living arrangements.
   d. Complete the attached Income and Expense Form.

☐ C. You left home to escape an abusive environment.
   Documentation Required:
   a. Written statement in your own words explaining your situation.
   b. Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
   c. Copy of last pay statement showing year-to-date earnings from each job worked.
   d. Explanation of living arrangements.
   e. Complete the attached Income and Expense Form.
D. Other unusual circumstances warranting an override of dependent status.

Documentation Required:

a. Written statement in your own words explaining your situation.
b. Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
c. Copy of last pay statement showing year-to-date earnings from each job worked.
d. Explanation of living arrangements.
e. Complete the attached Income and Expense Form.
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INCOME / EXPENSE FORM

Student’s Name: ___________________________ Date: ________________

Social Security Number: __________________ Telephone: __________________

Please complete the expense and income chart listed below. If the answer is “0” write it in the space. Do not leave any blank fields.

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td><strong>2014 Monthly Expense</strong></td>
</tr>
<tr>
<td>$ Student</td>
<td>Housing $</td>
</tr>
<tr>
<td>$ Student</td>
<td>Utilities $</td>
</tr>
<tr>
<td>$ Student</td>
<td>Car Payment/Insurance $</td>
</tr>
<tr>
<td>$ Student</td>
<td>Gas or transportation $</td>
</tr>
<tr>
<td>$ Student</td>
<td>Groceries $</td>
</tr>
<tr>
<td>$ Student</td>
<td>Telephone/Cell Phone $</td>
</tr>
<tr>
<td>$ Student</td>
<td>Personal (clothes, soap, etc.)$</td>
</tr>
<tr>
<td>$ Student</td>
<td>Other payments $</td>
</tr>
<tr>
<td>$ TOTAL</td>
<td>$</td>
</tr>
</tbody>
</table>

☐ Check here if you were living with someone in 2014 who paid for your living expenses (i.e. housing, food, utilities, etc.). Complete the information below to show where and with whom you lived during 2014.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Dates lived with</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If 2014 monthly expenses exceeded 2014 monthly income, explain how monthly expenses were paid.

________________________________________________________________________

________________________________________________________________________

I certify that the information I have provided is true and accurate to the best of my knowledge.

Student Signature: ___________________________ Date: ________________

Please submit your Special Circumstances Appeal Form and other required documents to:

Evangel University
Student Financial Services
Attn: Special Circumstances Appeal
1111 North Glenstone Avenue
Springfield, Missouri 65802
Phone (417) 865-2815, ext. 7300 or FAX (417) 575-5478